



COMMITTEE ON DENTAL AUXILIARIES
THE DENTAL BOARD OF CALIFORNIA
 1428 HOWE AVENUE, SUITE 58, SACRAMENTO, CA 95825
 TELEPHONE (916) 263-2595 FAX (916) 263-2709
 www.comda.ca.gov



REQUEST FOR NAME CHANGE ONLY

Instructions

When there is a name change, documentation must be provided: i.e., copy of marriage certificate, divorce decree or court order.

IN ORDER TO PROCESS, ABOVE DOCUMENTS MUST BE SUBMITTED WITH APPLICATION

SECTION I

1. My reason for making this application is as follows:

SECTION II

1. My name in full as it appears on the records of The Committee on Dental Auxiliaries is _____
2. Residence Address: _____
3. Business Address: _____
4. Telephone- Home: () _____ Work: () _____
5. Date of Birth: _____
6. I am the person named and the lawful holder of **License number:** _____
 or must give the Committee your **Social Security Number:** _____
- () REGISTERED DENTAL ASSISTANT
- () REGISTERED DENTAL HYGIENIST
- () REGISTERED DENTAL ASSISTANT EXTENDED FUNCTIONS
- () REGISTERED DENTAL HYGIENIST EXTENDED FUNCTIONS
- () RADIATION SAFETY CERTIFICATE

I HEREBY CERTIFY AND/OR DECLARE UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT.

 SIGNATURE

 DATE

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